(a)	PART B - FEE(S) TRANSMITTAL								/	
Con	omplete and send this form, together with applicable fee(s), to: Mail					Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000				
INST TABLE	RUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where private. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a private. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for all further correspondence address; and or (c) and (c)									
mam	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block for any change of address) 7590 11/17/2004						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
] 2 1	anc M. Love, Ph.D. Vale and Dorr LLP OO Park Avenue Vew York, NY 10022					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositers name)				
02/11/2005	SSITHIB2 00000064 080219 09837235								(Sepatiue)	
01 FC:2501 02 FC:1504 03 FC:80 <u>01</u>	04 200 00 50					(One)				
	APPLICATION NO.									
TITI	09/837,235 LE OF INVENTION: ST	Christopher P. Macs			li	289550-122US2				
	APPLN, TYPE	IN. TYPE SMALL ENTITY		ISSUE FEE		LICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
<u> </u>	nonprovisional	YES	\$685		\$300		\$98	5	02/17/2005	
_	EXAMINER		ART UNIT		CLA	SS-SUBCLASS	ר			
	SAIDHA, TEKCHAND		1652			30-350000				
CFR C A C	hange of correspondence 1.1.63). Change of correspondence Address form PTO/SB/12 Fee Address indicati TO/SB/47; Rev 03-02 of Number is regulred.	Correspondence	2. For printing on the parent from page, list (i) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered amoney or agent) and the names of up to 2 registered patent amoreys or agents. If no name is listed, no name will be printed.							
3. A	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(.	(A) NAME OF ASSIGNEE (B) RESIDENCE: (C/TY and STATE OR COUNTRY) Avatar Medical, LLC Newark, NJ									
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Govern									oup entity 🗀 Government	
4a. (4a. The following fee(s) are enclosed: 2 Issue Fee 2 Issue Fee 2 Issue Fee 2 Indication Fee (No small entity discount permined) 2 Advance Order * # of Copies 10 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. 2 The Director is hereby authorized by charge the required fee(s), or credit any overpay peposit Account Number 0/8-0219 (enclose an extra copy of this form).									
									credit any overpayment, to	
Ţ	🔲 a. Applicant claims St	(from status indicated abov	37 CFR 1.27.	□ b. Applic	ant is no l	onger claiming SMA	ALL ENTITY SE	utus. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent: or the interest as shown by the records of the United States Patent and Trademark Office.									ation identified above. he assignee or other party in	
	Authorized Signature	Janen	Mone.		-	Date	2/10/	05		
•	Typed or printed name	Jane M. Lo			-	Registrario		2,812		
		in is required by 37 CFR 1. If y is governed by 35 U.S.C. If y is governed by 35 U.S.C. If or reducing this burden. simia 22313-1450. DO NOT 1450. Ition Act of 1995, no person							d by the USPTO to process) ng gathering, preparing, and me you require to complete raturant of Commerce, P.O. for Patents, P.O. Box 1450,	



U.S. Patent Application No. 09/837.235 filed 04/18/2001 Re: Title: STABILIZED PROTEINS First Inventor: Marshall Group Art Unit: 1652 Examiner: Saidha Tekchand Attorney Docket No.: 289550-122 Certificate of Transmission under 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to: (703) 746-4000 Jane M. Love, Ph.D. Typed or printed name of person signing Certificate Each paper must have its own certificate of transmission, or this certificate must identify Note: each submitted paper.

No.

<u>Pgs.</u> **Document** 1 Issue Fee Transmittal

Total Number of Pages (including this Certificate of Transmission)

2